Approved, SCAO

Original - Circuit Court/Court of Appeals 1st copy - Trial court

OSM Code: OTR 2nd copy - Appellee 3rd copy - Appellant

STATE OF MICHIGAN						
	JUDICIAL CIRCUIT					
	COUNTY					
	IN THE COURT OF APPEALS					

ORDER OF TRANSMITTAL/

CASE NO. **CIRCUIT**

COUNTY IN THE COURT OF APPEALS	IT RECORD	ON APPEAL	DISTRICT PROBATE		
Court address				Cou	rt telephone no.
Plaintiff/Petitioner name(s) and address(es).	☐ Appellant☐ Appellee	v	Defendant/Responden		Appellant Appellee
Attorney, bar no., address, and telephone no.			Attorney, bar no., addr	ress, and telephone no.	
☐ Probate In the matter of					
Completed only for appeals to circuit court		R OF TRANS			
IT IS ORDERED that the record of	this appeal be tran	ismitted to tr	ne circuit court.		
Date		Judge)		Bar no.
Completed only for appeals to Court of Appeal	CERTIFIC	CATION OF	RECORDS		
I certify that the attached documents a file in this office.	as listed below are	□ the c	original □ correc	t copies of the original	records on
Date		Court	clerk/Register		
	RECORD	AND TRAN	ISMITTAL		
 A claim of appeal has been filed in The following are certified and transa. a list of relevant papers, docume b. the items listed in appendix A. c. a list of docket entries marked a d. a transcript of record. (if applicable) Date of order allowing 	smitted to the □ ents, and exhibits m ppendix B.	narked apper		als as the record	on appeal:
Date		Court	clerk/Register		
	CERTIF	FICATE OF N	MAILING		
I certify that on this date I served copie or their attorneys by ordinary mail at the			tification of records,	, without attachments, บุ	oon the parties
Date		Court	clerk/Register		

Court clerk/Register